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CONFIRMATION NO. 2567

<b>SERIAL NUMBER</b> 10/708,568	<b>FILING OR 371(c) DATE</b> 03/11/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3688	<b>ATTORNEY DOCKET NO.</b> 03292.101800.2
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/378,456 03/03/2003 PAT 7,467,096  
 which is a CIP of 10/027,984 12/21/2001 PAT 7,613,628  
 This application 10/708,568  
 is a CIP of 10/304,251 11/26/2002 PAT 7,613,629  
 and said 10/027,984 12/21/2001  
 is a CIP of 09/836,213 04/17/2001 PAT 7,398,225  
 which claims benefit of 60/279,817 03/29/2001  
 This application 10/708,568  
 claims benefit of 60/482,644 06/26/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 05/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

66170

**TITLE**

POINT POOLING LOYALTY SYSTEM AND METHOD

<b>FILING FEE RECEIVED</b> 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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